**SAMPLE**

**NIMAS Qualifying Information**

Student: Student ID #:

Date of Birth: School:

* **Visual Impairment or Blindness** – The student is unable to read or to use standard print as a result of visual limitations, as certified by a competent authority: doctor of medicine, ophthalmologist, optometrist, registered nurse, therapists, and professional staff of hospitals, institutions, and public or private welfare agencies.

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Signature of district/school certifying professional

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Print name of competent authority/title

* **Physical Limitations** - The student is unable to read or to use standard print as a result of physical limitations, as certified by a competent authority: doctor of medicine, registered nurse, therapist, specialist or professional staff of hospitals or institutions.

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Signature of district/school certifying professional

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of competent authority/title

* **Reading Disability** - The student has reading limitations based on organic dysfunction and of sufficient severity to prevent the reading of printed materials in a normal manner. Certified by a **doctor of medicine** who may consult with colleagues in associated disciplines.

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Signature of district/school certifying professional

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Print name of competent authority/title

**When completed, place in student’s file.**